

LONG TERM CARE SUPPORTS & SERVICES ADVISORY COMMISSION

SEPTEMBER 24, 2007
Detroit LTC Connections

MINUTES

COMMISSIONERS IN ATTENDANCE: RoAnne Chaney, Christine Chesny, Andrew Farmer, Connie Fuller, Dohn Hoyle, Sandra Kilde, William Mania, Yolanda McKinney, Marsha Moers, Denise Rabidoux, Jon Reardon, Hollis Turnham, Reverend Charles Williams II, Toni Wilson

COMMISSIONERS EXCUSED: Robert Allison, Linda Ewing, William Gutos

EX OFFICIO AND OTHER MEMBERS IN ATTENDANCE: Mary Ablan, Don Mussen, Sarah Slocum, Michael Head, Sharon Gire

HANDOUTS: Agenda, July Minutes, Executive Committee Conference Call Notes, OLTCSS Director's Report, CMS Letter RE: Estate Recovery, DCH Director Letter RE: Estate Recovery, Updated Commission Contact List, Self-Determination in Long-Term Care, Senate Bill 511 Analysis (State Appropriations), Revised Commission Operational Guidelines

In order to finish the public input session from the morning, the Public Comment portion of the agenda was moved to 1:00pm. (A summary of the public comments is attached.)

WHAT'S HAPPENED

INTRODUCTIONS – Farmer initiated Roll Call.

APPROVAL OF JULY MINUTES –Motion to approve July minutes by Reardon, second by Moers. Minutes approved by voice vote.

APPROVAL OF AGENDA –Motion to approve agenda by Reardon, second by Rabidoux. Motion passed by voice vote.

REPORT OF CHAIR – The Executive Committee minutes were distributed. Farmer noted that it had been suggested that the November meeting include a report on the Single Points of Entry. There were no workgroup reports as this was discussed briefly at the Chaney powerpoint presentation during the morning session. Farmer thanked Detroit LTC Connections, on behalf of the Commission, for hosting this meeting.

WHAT'S HAPPENING

OLTCSS DIRECTOR'S REPORT - Head provided an update of office activities.

- Head provided the bill analysis of Senate Bill 511, State appropriations.
- There was a question regarding the LTC Partnership project and the possible liability of the State. The training of insurance agents on this issue is a major concern of the workgroup.
- The Center for Health Care Services grant allows State staff to attend technical assistance meetings on long-term care managed care issues. Head will provide the Commission with a copy of this grant.
- In reviewing the LTC Connections data, it was noted that two of the sites did not have data on transitions. This may be due to the fact that the waiver agents and/or CILs were doing the transitions and not the LTC Connections. It was also noted that the Detroit LTC Connections reported a large administrative staff. This is being addressed by the State and in the next contract.
- There was a suggestion to include Medicare in the MI Choice waiver program. This is not feasible at this time.

- Concern was expressed regarding Estate Recovery. Due to past experiences with prepaid health plans, many elders are hesitant to enroll in such a plan.

PUBLIC COMMENT - See attached summary of the Public Input Session.

WHAT WE'RE GOING TO DO ABOUT IT?

There is a rally tomorrow (Tuesday, September 25) at the Capitol regarding the budget. The rally is at 1:30pm.

This budget is a crossroads for long-term care. There needs to be more funding for all long-term care services, including home based and nursing facility. Ablan has an advocacy alert she will share.

Chesny presented formal comments from the Michigan Home Health Association. (attached)

It was noted that the Teamsters, who represent transportation drivers, also want health care. Rev. Williams is supporting this issue.

People need to be active at this time to initiate change.

Workgroups:

- Finance - there is a meeting October 2, 2007.
- Workforce - there is a meeting Tuesday, September 25, in the afternoon. PHI will provide financial support for direct care providers to attend.
- Person-Centered Planning - They have met and assigned tasks. They are looking for PCP in other settings.
- Health - They meet the third Thursday at TriCounty Office on Aging.

- Education - they met last week. There was little participation. The next meeting is October 18.
- Quality - they have not had a meeting yet.

Next Month's Agenda: The October meeting should include

- LTC Partnerships.
- An update from the Workgroup chairs.
- Details on estate recovery/estate preservation - what assets, how will it be implemented, who will it impact, what laws have been passed. It was suggested that someone from Medicaid provide a presentation on this issue.
- MSHDA Update - housing and MI Choice, availability of low income housing, National politics and local housing cooperation with transitioning consumers.
- MI Choice waiver and Assisted Living update.

GETTING IT DONE

COMMISSIONER COMMENTS –

There was also a discussion regarding individual Commissioner's personal stances on issues. There needs to be a balance between a Commissioner's right to voice personal opinions and the possible biased characterization of an entire industry. The Commissioners need to be effective advocates.

ADJOURNMENT - Motion to adjourn by Turnham, second by Reardon. Passed by voice vote.

LONG TERM CARE SUPPORTS AND SERVICES
ADVISORY COMMISSION
PUBLIC INPUT SESSION
DETROIT LTC CONNECTIONS
SEPTEMBER 24, 2007

Detroit Area on Aging and the Detroit Long-Term Care Connections welcomed everyone to the session. Farmer provided the introductions. Chaney presented a summary of the LTC Task Force recommendations and progress by the workgroups. The floor was opened to comments. There were persons signed in for this session.

The following is a summary of the comments received during the public input session:

- Patricia Simpson - provides caregiving for seniors. Currently waiting for funding from DLTCC and the city. More funding would mean more services.
- Michael Moore - provider. Shares the same visions as the Task Force and Commission. Funding is a challenge. If provided more funding, he would probably expand the number of people he serves. One barrier is the lack of marketing of his services.
- Melody Wang - presenting the Chinese-American community. The Chinese-American community needs more education and focus on long-term care issues. There are language, cultural, and transportation barriers. Different age groups have different needs. They currently receive grant funds from DMH and Region 1 Area Agency on Aging.
- Stephanie Donaldson/Michele White - from American House (unlicensed independence residence). Stated interest in MI Choice services in a licensed setting.
- Lois Gibbons - Wants financial literacy to be a part of the long-term care arena. She was requested to join the finance

and education workgroups. She also requested support for the “bathroom” bill, that required accessible bathrooms in all public buildings.

- Andre Robinson - wants seamless transitions for everyone as they age. Person-centered planning at any age and for any services. Mother also needs support at home. He urged the Commission to support health insurance for direct care workers.
- Crystal White - neighborhood services organization. Talked about Campaign Awareness. Provides education and respite to caregivers.
- John King/David Chevron - Regional Skills Alliance. Talked about RSA. Interested in workplace issues and long-term care. Presented the LPN training initiative and requested Commission support.
- Lonnie Peak III - youth as messengers of long-term care. Uses high school students to educate the elders about long-term care. Generation Me helping the Baby Boomers. Project Best
- Sharon Eldridge - consumer, transition does work. Wants waiver to continue.
- Monique Marks - Settlement House. Waiver services are very limited. There is a large waiting list. If the Commission is going to advocate for alternative services, be sure those services exist and are funded.
- Jacqueline Morrison - There is a need for community assisted living. There is a racial disparity in housing. Was requested to join the quality workgroup. Referenced a racial disparity report (Commonwealth Report, Paul Bridgewater offered to send it to Farmer.)

- Corey Thurman - insurance agent. Consumers should be able to make educated selection of supplemental LTC health insurance.
- Patricia Randolph/Ann Randolph - Consumer. Need more assistance other than Medicaid (e.g., Medicare). There is little help for caregivers at reasonable cost. Care needed other than 8am-5pm weekdays.
- Keith Rusie - long distance family caregiver. Provided the following recommendations:
 - Require providers to be certified in Alzheimers and dementia services
 - Assisted living needs continuing education requirements
 - Family caregivers need more support and training
 - Public guardian programs (use college interns from the schools of social work)
 - Assisted living needs consumer satisfaction surveys at least every 6 months
 - Nursing home discharges should be by an unbiased third party and paid for by the nursing home
 - Assisted living consumer contract should include no penalties for discharge from the facility due to lack of quality services and not penalize the family either.
 - Employers should give caregiving employees flexibility
 - Low cost LTC insurance and arrangements
 - Assisted living alternative such as GreenHouse
 - Caregivers with limited funds should receive financial support for their own homes
 - Provide financial education at every age
- Polly Kingsley - caregiver. Need more than home care. There is a bias against Medicaid vs private pay patients. Hospitals should take responsibility when they discharge people. Hospitals need to work with assisted living facilities prior to discharge. Hospitals should have a list of those

assisted living facilities that meet State standards. The State should not continue to license facilities with citations.

Reardon provided her with his business card to assist her.

- Randy Gasser - Detroit LTC Connections Consumer Advisory Council. The Commission should support waiver services in licensed assisted living facilities
- Keith Nye - consumer. Provided testimony regarding his transition from the nursing facility.
- Barbara Saulter - Nutritionist at Detroit Area Agency on Aging. Need to educate the public on DLTCC.
- Hermon Dooha - caregiver. Provider testimony on CBC and the draft reorganization of the Ombudsman. Asked the Commission to not support the draft without close review. The Ombudsman role is part of long-term care and the Commission should support the best possible organization.
- Kay Andrzejak - DHS. DHS worked with the DLTCC from the onset and created a smooth working process for their cases. Most Medicaid programs and their policies are not conducive to Money Follows the Person concepts. There aren't enough programs and options. The State needs to find ways to broaden the Medicaid options. Future SPEs need to partner with DHS.
- Damont Goolsby - Goodwill Industries. Goodwill offers more than clothes. They provide training in the workplace. Services need to be provided when the person transitions from having a workplace trainer to being on their own.

MICHIGAN HOME HEALTH ASSOCIATION
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Statement and Recommendation on Funding Levels
for Michigan's Medicaid Program

Submitted in Testimony to the
Michigan Long-Term Care Supports and Services Advisory
Commission
September 24, 2007

Presented on Behalf of the Michigan Home Health Association
(MHHA)
by Christine Chesny, Commissioner and MHHA Past President

The Michigan Home Health Association (MHHA) is among a number of statewide consumer and provider organizations working in collaboration to maximize quality, access and choice for beneficiaries of Michigan's Medicaid program. Our consumer and provider stakeholder associations, individually and collectively, have noted repeatedly and for the record the alarming slippage in funding levels for long-term care supports and services. Now, in the face of shortfall in the Michigan budget approaching \$2 billion, there are still those in the Legislature who would cut their way to solvency on the backs of our most vulnerable citizens.

Some provider groups, represented in the forum of the Medicaid Advisory Council, have indicated that an increasing number of their provider constituents can no longer afford to accept Medicaid consumers. Without adequate reimbursement (for some provider services there has not been an adjustment in

seven years), more and more providers can be expected to join their ranks. The result of our public policy failure to respond appropriately to the special needs of our aging seniors and persons with disabilities will surely cause them further injury and casualty, not to mention the resulting shift to more costly forms of care.

Our message is straightforward. The Michigan Home Health Association urges the Michigan Legislature to adopt revenue enhancement measures sufficient to address the long-term care supports and services needs of Medicaid beneficiaries. This position has been registered by the Michigan Medicaid Advisory Council and the LTC Advisory Commission (among others), as well. MHHA stands with the Council and LTC Advisory Commission in responsible advocacy to achieve our common goal on behalf of consumers of long-term care supports and services.